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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/942,122 TRÄNSMITTAL 27204 FORM Filing Date 09/30/2001 Yasuo Kondo, et al. First Named Inventor (to be used for a correspondence after initial filing) 1725 Art Unit Kevin L. McHenry **Examiner Name** Total Number of Pages in This Submission **Attorney Docket Number** 4041J-000497 ENCLOSURES (check all that apply) After Allowance Communication to Fee Transmittal Form Drawing(s) Technology Center (TC) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Petition Appeal Communication to TC Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information **Provisional Application** Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) Extension of Time Request (please identify below): . **Return Receipt Postcard** Request for Refund ___ Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement The Commissioner is hereby authorized to charge any additional Remarks Certified Copy of Priority fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Document(s) Account No. 08-0750. Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Reg. No. Firm Attorney Name Harness, Dickey & Pierce, P.L.C. Michael J. Schmidt or 34,007 Individual name Signature Date September 27, 2004 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450 on the date shown below. Express Mail EV 531 989 994 US (9/27/2004) Typed or printed name Michael J. Schmidt Label No. Signature Date September 27, 2004

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OTPER TRANSMITTAL	Complete if Known				
FEETRANSMITTAL	Application Number	09/942,122			
SEP 2 7 2004 flor FY 2004	Filing Date	09/30/2001			
	First Named Inventor	Yasuo Kondo, et al.			
Effective 10/03/2003. Patent fees are subject to annual revision.	Examiner Name	Kevin L. McHenry			
Claims small entity status. See 37 CFR 1.27	Art Unit	1725			
Effective 10/0, 2003. Patent fees are subject to annual revision. TANSLINA CLAIMS SMAll entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 290	Attorney Docket No.	4041J-000497			

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)						
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None		3	3. ADDITIONAL FEES							
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order		<u> </u>	Large Entity Small Entity							
☐ Deposit Account:			F	ee	Fee	Fee	Fee			
Deposit					ode	(\$)	Code	(\$)	Fee Description	Fee Paid
Account	08-0750			10	051	130	2051	65	Surcharge - late filing fee or oath	
Number				10	052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account Harness, Dickey & Pierce, P.L.C. Name			10	053	130	1053	130	Non-English specification		
			18	312	2,520	1812	2,520	For filing a request for reexamination		
The Director is authorized to: (check all that apply)				18	B04	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application			18	305	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
		except for the filing	ee	12	251	110	2251	55	Extension for reply within first month	110
to the above-identified deposit account. FEE CALCULATION				12	252	420	2252	210	Extension for reply within second month	
1. BASIC F	ILING FEE	. 	<u> </u>	12	253	950	2253	475	Extension for reply within third month	
Large Entity	Small Entity	na Dagarintian		12	254	1,480	2254	740	Extension for reply within fourth month	
	-ee ree <u>re</u> Code (\$)	ee Description	Fee Paid	12	255	2,010	2255	1,005	Extension for reply within fifth month	
	***	tility filing fee] 14	101	330	2401	165	Notice of Appeal	
		esign filing fee		14	102	330	2402	165	Filing a brief in support of an appeal	
		ant filing fee		14	103	290	2403	145	Request for oral hearing	
1004 770	2004 385 Re	eissue filing fee		14	151	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	2005 80 Pr	rovisional filling fee	<u> </u>	14	152	110	2452	55	Petition to revive – unavoidable	<u>-</u>
SUBTOTAL (1) (\$) 0] 14	153	1,330	2453	665	Petition to revive - unintentional		
		· ·		15	501	1,330	2501	665	Utility issue fee (or reissue)	
2. EXTRA CLA	IM FEES FOR	UTILITY AND RE	SSUE	15	502	480	2502	240	Design issue fee	
		Extra Fee from		15	503	640	2503	320	Plant issue fee	
Total Claims 30		Claims below 10 X 18	Paid	ր 14	160	130	1460	130	Petitions to the Commissioner	
Independent			- - 100 -	1 18	307	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims 3	-3 ** = 0	X 86	= 0	18	306	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent Large Entity	」 Small Entity	x	= 0	80	021	40	8021	40	Recording each patent assignment per property (times number of properties)	
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description		18	309	770	2809	385	Filing a submission after final rejection	
1202 18	2202 9	Claims in excess of	20	18	310	770	2810	385	(37 CFR § 1.129(a)) For each additional invention to be	
1201 86	2201 43	Independent claims	in excess of 3			ĺ			examined (37 CFR § 1.129(b))	
1203 290	2203 145	·	Multiple dependent claim, if not paid			770	2801	385	Request for Continued Examination (RCE)	
1204 86	1204 86 2204 43 ** Reissue independent claims over original patent			18	1802 900			900	Request for expedited examination	
1205 18	2205 9	** Reissue claims in over original patent	excess of 20 ar						of a design application	
			····	O	ther fee	e (specif	y)			
SUBTOTAL (2) (\$) 180					*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110					
**or number previ	ously paid, if greater:	For Reissues, see abov		'	Reduce	an by Ba	isic Filing	ree Pa	id SUBTOTAL (3) (\$) 110	<u>, </u>

SUBMITTED BY		С	Complete (if applicable)			
Name (Print/Type)	Michael J. Schmidt	Registration No. (Attorney/Agent)	34,007	Telephone	(248) 641-1600	
Signature	3/	h		Date	September 27, 2004	

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